1. PLACE OF BIRTH	BUREAU OF VI	OARD OF HEALTH FAL STATISTICS FICATE OF BIRTH	State File No. 433 V Registered No.
County Maricopa		State Crazan	2
District or Township. City	No		St., Ward ve its NAME instead of street and number)
2. Full name of child	eutine In	11. 11	If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answered ONL in event of plural births.	4. Twin, triplet or other 5. No., in order of birth	2/	Date 2 - 24 . 25 of birth Day Year
8. FATHER Full name Of M	rhil	14. Full maiden name	MOTHER Legie James
9. Residence (Usual place of abode) Sall River Kus		15 Residence (Usual place of abode)	Tall Rim Ris
If non-resident, give place and state.		If non-resident, give place	
10. Color or rece	st birthday 2 3(Years)	16 Color or sad when I y Comma	17. Age at last birthday 33 (Years)
12. Birthplace (city or place)	Rim Ris	18. Birthplace (city or place)	Sall River les
13. Occupation Nature of industry	1	(State or country) 19. Occupation Nature of industry	ruserrife
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)	(b) Born alive b	nd now living / 21 out now dead O	Were precautions taken against oph- thalmia neonatorum?
I hereby certify that I attended the birth	of this child, who was	G PHYSICIAN OR MIDWIFE* A A A A A A A A A A A A A A A A A A A	m, on the date above stated
* When there was no attending physici or midwife; then the father, household etc., should make this return. A stillbochild is one that neither breathes a shows other evidence of life after birds.	or	Tield	(Physician or midwife).
Given name added from a supplemental report	Filed	1v ,1928 &	Tesa. Simus
(043-224-	4 .		Registrar

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